

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036660

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 169

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MINERAL TWP.		Length of stay in 1b 21 MOS.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ELMHURST		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR ALFONSO FREEMAN		4. DATE OF DEATH Month Day Year OCT. 3 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/23/79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FURNITURE SALES		10b. KIND OF BUSINESS OR INDUSTRY FURNITURE DEALER	
11. BIRTHPLACE (City and state or country) KNOXVILLE, TENN.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JAMES I. FREEMAN		13b. MOTHER'S MAIDEN NAME MARY L. SKAGGS	
14. NAME OF HUSBAND OR WIFE NORA BOSWELL FREEMAN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT Address MRS. BYRON REPLOGLE, CARTHAGE, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis Chronic, with Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial degeneration DUE TO (c) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 7 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dementia Senilis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Jan 1957 to Oct 3, 1963 and last saw her alive on Feb 24, 1963 Death occurred at 5:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George H. Wood (Degree or title)		22b. ADDRESS M.D. 1515 HAZEL, CARTHAGE, MO.	
22c. DATE SIGNED 10-3-63		23. NAME OF CEMETERY OR CREMATORY ROCKY COMFORT CEMETERY ROCKY COMFORT MO.	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10/7/63	23c. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ULMER FUNERAL HOME, CARTHAGE, MO.	25. DATE RECD. BY LOCAL REG. 10-7-63	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

OCT 11 1963

0880

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Removal permit issued 10-3-63